

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531365

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
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49							99						
50							100						
TOTAL IND.	2	↓			↓		TOTAL IND.		↓			↓	
TOTAL DEP.	7	←		←		←	TOTAL DEP.		↓			↓	
TOTAL CLAIMS	9	██████████		██████████		██████████	TOTAL CLAIMS		←		←	←	